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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|---|------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Terry Wayne Lockridge et al. |
| Title Method and System for Providing A Cache | |
| Art Unit | Guide |
| Examiner Name | |
| Attorney Docket Number | PU020414 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24498

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

| | | | | | |
|---|----------------------------------|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Thomson Licensing Inc. | | | | |
| Address | Patent Operations, P.O. Box 5312 | | | | |
| City | Princeton | State | NJ | Zip | 08543-5312 |
| Country | USA | | | | |
| Telephone | 609-734-6828 | Fax | 609-734-6888 | | |

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--|-----------|--------------|
| Signature | <i>Robert D. Shedd</i> | Date | 2/28/05 |
| Name | Robert D. Shedd, Reg. No. 36,269 | Telephone | 609-734-6828 |
| Title and Company | Sr. Patent Counsel, Thomson Licensing Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY
THOMSON LICENSING S.A.**

We,

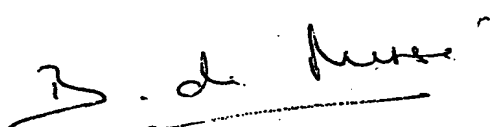
THOMSON Licensing S.A..
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.

A handwritten signature in dark ink, appearing to read "J. S. Tripoli", written over a horizontal line.

SIGNED

POWER OF ATTORNEY
THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

does hereby grant

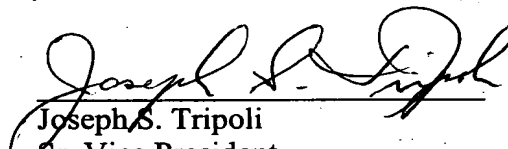
Joseph J. Laks - Vice President
Irwin M. Krittman - Vice President
Harvey D. Fried - Manager
Ronald H. Kurdyla - Manager
Robert D. Shedd - Manager

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Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17th day of March, 2004.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS

David Fournier

POWER OF ATTORNEY
THOMSON LICENSING S.A.

THOMSON Licensing S.A.
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

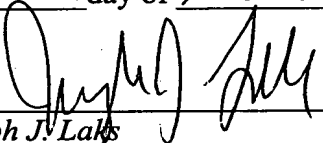
does hereby grant

Vincent E. Duffy
Patent Counsel
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

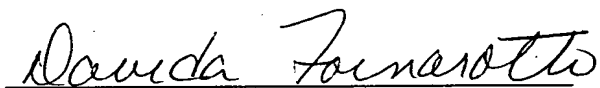
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17 day of March, 2004.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON Licensing S.A.

WITNESS



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PCT/PTO

02 MAR 2003

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| | | | |
|---|--|----------------------------|--|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | PU020414 | |
| | First Named Inventor | Terry Wayne Lockridge etal | |
| | COMPLETE IF KNOWN | | |
| | Application Number | / | |
| | Filing Date | | |
| | Group Art Unit | | |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PROVIDING A CACHE GUIDE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

September 5, 2003

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|--|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/408,436 | September 5, 2002 | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

| | | | |
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| Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence address below | | | |
| Name JOSEPH S. TRIPOLI | | | |
| Address THOMSON LICENSING INC. | | | |
| Address PO Box 5312 | | | |
| City PRINCETON | | State NJ | ZIP 08543-5312 |
| Country USA | Telephone 317-587-4029 | | Fax (609) 734 - 6888 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name <u>TERRY WAYNE</u> | | Family Name or Surname <u>LOCKRIDGE</u> | |
| Inventor's Signature <i>Terry Wayne Lockridge</i> | | Date <u>9/22/02</u> | |
| Residence: City <u>Indianapolis</u> | State <u>IN</u> | Country <u>US</u> | Citizenship <u>US</u> |
| Mailing Address | | | |
| Mailing Address 10350 Ruckle Street | | | |
| City Indianapolis | State Indiana | ZIP 46280 | Country US |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name <u>TING</u> | | Family Name or Surname <u>WANG</u> | |
| Inventor's Signature | | Date | |
| Residence: City <u>Kokomo</u> | State <u>IN</u> | Country <u>US</u> | Citizenship <u>CN</u> |
| Mailing Address | | | |
| Mailing Address 2003 Waverly Drive | | | |
| City Kokomo | State Indiana | ZIP 46902 | Country US |
| <input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | |

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DECLARATION — Utility or Design Patent Application

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| Direct all correspondence to: | | <input type="checkbox"/> Customer Number or Bar Code Label | | OR <input checked="" type="checkbox"/> Correspondence address below | |
| Name | | JOSEPH S. TRIPOLI | | | |
| Address | | THOMSON LICENSING INC. | | | |
| Address | | PO Box 5312 | | | |
| City | | State | | ZIP | |
| PRINCETON | | NJ | | 08543-5312 | |
| Country | | Telephone | | Fax | |
| USA | | 317-587-4029 | | (609) 734 - 6888 | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name | | Family Name or Surname | | | |
| TERRY WAYNE | | LOCKRIDGE | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Citizenship | |
| Indianapolis | | Indiana | | US | |
| Mailing Address | | | | | |
| Mailing Address 10350 Ruckle Street | | | | | |
| City | | State | | ZIP | |
| Indianapolis | | Indiana | | 46280 | |
| Country | | US | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name | | Family Name or Surname | | | |
| TING | | WANG | | | |
| Inventor's Signature | | Date | | | |
| <i>Ting Wang</i> | | 09/23/2003 | | | |
| Residence: City | | State | | Citizenship | |
| Kokomo | | Indiana | | CN | |
| Mailing Address | | | | | |
| Mailing Address 2003 Waverly Drive 3991 Glen Moor Way (TW) | | | | | |
| City | | State | | ZIP | |
| Kokomo | | Indiana | | 46902 | |
| Country | | US | | | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|--|----------|---|----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| ROBERT EUGENE | | TRZYBINSKI | |
| Inventor's Signature <i>Robert Eugene Trzybinski</i> | | Date 9/24/02 | |
| Residence: City Indianapolis | State IN | Country US | Citizenship US |
| Mailing Address | | | |
| Mailing Address 7741 North Sherman Drive | | | |
| City Indianapolis | State IN | ZIP 46240 | Country US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

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